



Daily Use Parking Validation Ticket Request

Contact Information	
Business Name (If applicable)	
First Name	Last Name
Street Address	City
State	Zip Code
Phone Number	Email Address
How would you prefer to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message	
<input type="checkbox"/> Check here if your billing address is the same as above	
Billing Address	
Street Address	City
State	Zip Code

Validation Ticket Information	
Number of green validation tickets:	Number of QR code validation tickets:
New Customer - 12 character text ID for tickets:	
Existing Customer - validation code:	
Full or Partial Validation – I would like to cover:	<input type="checkbox"/> Full – the maximum daily value <input type="checkbox"/> Partial – amount of time (hours) per ticket: _____
How would you like to receive the tickets? <input type="checkbox"/> Mailed to Point of Contact <input type="checkbox"/> Mailed to Billing Address <input type="checkbox"/> Pick up	

You will be billed monthly for the tickets that were used.

Authorized Signature X _____ Today's Date _____

Submit this form to:

Mobile GR and Parking Service

50 Ottawa NW

Grand Rapids

49503

Phone: 616-456-3290

Email: mobilegr@grcity.us